LADYSMITH NURSING HOME

1001	E	11TH	ST	N

LADYSMITH 54848 Phone: (715) 532-55	46	Ownership:	Corporation
Operated from 1/1 To 12/31 Days of Operation	n: 366	Highest Level License:	Skilled
Operate in Conjunction with Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds Set Up and Staffed (12/31/04):	62	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity (12/31/04):	62	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/04:	49	Average Daily Census:	50

Services Provided to Non-Residents		Age, Gender, and Primary Di	Length of Stay (12/31/04)				
Home Health Care	No	Primary Diagnosis	%	Age Groups	<b>%</b>	Less Than 1 Year	42.9
Supp. Home Care-Personal Care	No					1 - 4 Years	44.9
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	4.1	More Than 4 Years	12.2
Day Services	No	Mental Illness (Org./Psy)	34.7	65 - 74	8.2		
Respite Care	No	Mental Illness (Other)	4.1	75 - 84	26.5		100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	46.9	********	*****
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	14.3	Full-Time Equivalent	
Congregate Meals	No	Cancer	2.0			Nursing Staff per 100 Res	idents
Home Delivered Meals	No	Fractures	0.0	İ	100.0	(12/31/04)	
Other Meals	No	Cardiovascular	8.2	65 & Over	95.9		
Transportation	No	Cerebrovascular	14.3			RNs	13.5
Referral Service	No	Diabetes	2.0	Gender	%	LPNs	8.2
Other Services	No	Respiratory	4.1			Nursing Assistants,	
Provide Day Programming for		Other Medical Conditions	30.6	Male	42.9	Aides, & Orderlies	36.5
Mentally Ill	No	İ		Female	57.1	İ	
Provide Day Programming for		İ	100.0	j		İ	
Developmentally Disabled	No	İ		İ	100.0	į	
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## Method of Reimbursement

		edicare itle 18			edicaid itle 19			Other			Private Pay	!		amily Care			Managed Care			
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	Of
Int. Skilled Care	0	0.0	0	2	5.4	140	0	0.0	0	0	0.0	0	0	0.0	0	1	100.0	245	3	6.1
Skilled Care	2	100.0	326	35	94.6	120	0	0.0	0	9	100.0	147	0	0.0	0	0	0.0	0	46	93.9
Intermediate				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependen	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	2	100.0		37	100.0		0	0.0		9	100.0		0	0.0		1	100.0		49	100.0

LADYSMITH NURSING HOME

Admissions, Discharges, and		Percent Distribution	n of Residents'	Condit	ions, Services, an	d Activities as of 12,	/31/04
Deaths During Reporting Period							
					% Needing		Total
Percent Admissions from:		Activities of	%	As	sistance of	% Totally	Number of
Private Home/No Home Health	7.0	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	9.3	Bathing	0.0		81.6	18.4	49
Other Nursing Homes	0.0	Dressing	8.2		59.2	32.7	49
Acute Care Hospitals	72.1	Transferring	28.6		36.7	34.7	49
Psych. HospMR/DD Facilities	7.0	Toilet Use	30.6		34.7	34.7	49
Rehabilitation Hospitals	0.0	Eating	65.3		28.6	6.1	49
Other Locations	4.7	******	* * * * * * * * * * * * * * *	*****	******	*******	*****
Total Number of Admissions	43	Continence		%	Special Treatmen	ts	%
Percent Discharges To:		Indwelling Or Extern	nal Catheter	4.1	Receiving Resp	iratory Care	38.8
Private Home/No Home Health	11.3	Occ/Freq. Incontiner	nt of Bladder	65.3	Receiving Trac	heostomy Care	0.0
Private Home/With Home Health	20.8	Occ/Freq. Incontiner	nt of Bowel	36.7	Receiving Suct	ioning	0.0
Other Nursing Homes	3.8				Receiving Osto	my Care	0.0
Acute Care Hospitals	5.7	Mobility			Receiving Tube	Feeding	0.0
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed	2.0	Receiving Mech	anically Altered Diets	34.7
Rehabilitation Hospitals	0.0						
Other Locations	5.7	Skin Care			Other Resident C	haracteristics	
Deaths	52.8	With Pressure Sores		6.1	Have Advance D	irectives	63.3
Total Number of Discharges		With Rashes		4.1	Medications		
(Including Deaths)	53	İ			Receiving Psyc	hoactive Drugs	71.4

Selected Statistics: This Facility Compared to All Similar Rural Area Facilities & Compared to All Facilities

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		Own	ership:	Bed	Size:	Lic	ensure:		
	This	Pro	prietary	50	-99	Ski	lled	Al	1
	Facility	Peer	Group	Peer	Group	Peer	Group	Faci	lities
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	80.6	81.9	0.98	85.5	0.94	85.9	0.94	88.8	0.91
Current Residents from In-County	79.6	72.8	1.09	71.5	1.11	75.1	1.06	77.4	1.03
Admissions from In-County, Still Residing	39.5	18.7	2.12	20.7	1.91	20.5	1.93	19.4	2.04
Admissions/Average Daily Census	86.0	151.4	0.57	125.2	0.69	132.0	0.65	146.5	0.59
Discharges/Average Daily Census	106.0	151.2	0.70	123.1	0.86	131.4	0.81	148.0	0.72
Discharges To Private Residence/Average Daily Census	34.0	74.0	0.46	55.7	0.61	61.0	0.56	66.9	0.51
Residents Receiving Skilled Care	100	95.3	1.05	95.8	1.04	95.8	1.04	89.9	1.11
Residents Aged 65 and Older	95.9	94.3	1.02	93.1	1.03	93.2	1.03	87.9	1.09
Title 19 (Medicaid) Funded Residents	75.5	71.9	1.05	69.1	1.09	70.0	1.08	66.1	1.14
Private Pay Funded Residents	18.4	16.7	1.10	20.2	0.91	18.5	0.99	20.6	0.89
Developmentally Disabled Residents	0.0	0.6	0.00	0.5	0.00	0.6	0.00	6.0	0.00
Mentally Ill Residents	38.8	29.5	1.31	38.6	1.01	36.6	1.06	33.6	1.15
General Medical Service Residents	30.6	23.5	1.30	18.9	1.62	19.7	1.55	21.1	1.45
Impaired ADL (Mean)	49.8	46.4	1.07	46.2	1.08	47.6	1.05	49.4	1.01
Psychological Problems	71.4	54.5	1.31	59.0	1.21	57.1	1.25	57.7	1.24
Nursing Care Required (Mean)	10.5	7.4	1.42	7.0	1.50	7.3	1.43	7.4	1.41